PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10759828

CLAINS AS FILED - PART I							SMALL ENTITY				OTHER THAN		
			(Columi	<u>1) </u>	(Colu	Column 2)		TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS			17					RATE	FEE		RATE	FEE -	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			17 mi	nus 20=	*			X\$ 9=	(OR	X\$18=		
IN	DEPENDENT C	CLAIMS	minus 3 =					X43=		OR	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT			U ^		+145=	145	7	+290=		
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2	į	TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II									<u> </u>	J O''	OTHER	THAN	
		(Column 1)		(Colum	ın 2)	(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* .	Minus	**		=		XS 9=		OR	XS18=		
AME	Independent	* ENTATION OF MI	Minus			=		X43=		OR	X86=		
	rino i Pheor	ENTATION OF MI	ULTIPLE DE	ENDENT	CLAIM			+145=		OR	+290=		
								TOTAL			TOTAL		
		4	ADDIT. FEE	L		ADDIT. FEE							
		(Column 1) CLAIMS		(Colum HIGHE	ST	(Column 3)	Ιг		ADDI-	1 1		ADDI	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
AME	Independent		Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			Ŭ''			
							L	+145=		OR	+290=		
						•	A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
- ,		(Column 1)		(Column		(Column 3)							
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMEN	Total	*	Minus	## ,		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	-	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700-		
• 14	the entry in colum	nn 1 is loss than "			- 			+145=		OR	+290=		
** If	the 'Highest Nur	nn 1 is less than the	d For" IN THIS	SPACE is le	ess than	20. enter "20."	ΔΓ	TOTAL		OR A	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													